



State Opioid Response (SOR) Grant

Application Package for Development of Hospital-Based Addiction Services

Overview

Project Summary

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) has designated up to \$600,000 of its federal State Opioid Response (SOR) Grant and state General Fund appropriation to fund awards to hospitals – or healthcare systems with acute care hospitals – for the planning and development (or expansion) of services to address substance use disorders, specifically interventions for stimulant use disorders and medication-assisted treatment (MAT) for opioid use disorder (OUD) in hospital emergency departments, acute care inpatient units, and affiliated ambulatory practices, thereby reducing the consequences of opioid and stimulant misuse in South Carolina.

This project aims to address the opioid crisis by increasing access to MAT using the three FDA-approved medications for the treatment of OUD, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for OUD (including illicit use of prescription opioids, heroin, and fentanyl and fentanyl analogs). This project also supports evidence-based intervention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine use.

Patients with substance use disorders (SUDs) are among the highest users of health care, incurring disproportionately high healthcare costs and frequently requiring readmission to hospitals. Although SUDs are chronic, treatable diseases, specific interventions for them remain underused, both during acute hospital admissions and at the time of discharge.

Hospitals and health systems can implement practices that meaningfully address all SUDs and specifically manage opioid withdrawal and overdose, acute pain management, and safe discharge practices for inpatients with OUD.

Services may be planned or implemented in organization-specific ways while adhering to clinical guidance and utilizing evidence-based practices, existing resources, and local assets. The planned sub-award period is **March 5, 2021, to September 29, 2022**.

Award Levels

Implementation Grants

DAODAS expects to make up to two individual implementation awards in amounts up to \$225,000. The period of performance for awards under this funding announcement is March 5, 2021, through September 29, 2022.

Planning Grants

DAODAS expects to make up to four individual planning awards up to \$25,000. The period of performance for planning grants is March 1, 2021, through September 29, 2021.

Funding Source

The funding sources are DAODAS' state General Fund appropriation and the State Opioid Response (SOR) Grant received from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by DAODAS. The CFDA number is 93.788.

Eligibility for Funding

Organizations eligible to apply for funding include: hospitals and health systems currently licensed in South Carolina to deliver services for the diagnosis, treatment, and care of persons with acute medical illness.

Question Period

Prospective applicants can pose any questions concerning the application requirements to DAODAS from **January 11-18, 2021**. Question(s) must be e-mailed to **Roberta Braneck** at **rbraneck@daodas.sc.gov**. A complete summary of all questions received by **January 18, 2021** – and their answers – will be posted on the DAODAS website home page (www.daodas.sc.gov) no later than the close of business on **February 1, 2021**.

Due Date

Applications are due to DAODAS (*see application requirements beginning on Page 5*) **by close of business (5:00 p.m.) on February 19, 2021**. No late applications will be moved forward to the review/scoring phase. Late applications are those that arrive via e-mail any time after 5:00 p.m. on **February 19, 2021**.

Review Process

Applications will be reviewed and scored using the following criteria:

- Technical Proposal (25 points)
- Qualifications and Experience (15 points)
- Budget (10 points)

Scoring Criteria

Technical Proposal (25 points)

Outstanding	Very Good	Good	Marginal	Poor
25-20	19-15	14-10	9-5	4-0

Qualifications and Experience (15 points)

Outstanding	Very Good	Good	Marginal	Poor
15-12	11-9	8-6	5-3	2-0

Budget (10 points)

Outstanding	Very Good	Good	Marginal	Poor
10-9	8-7	6-5	4-3	2-0

Descriptors for Scoring Criteria

Outstanding: The applicant organization explicitly addresses the criteria by providing comprehensive descriptions and thorough details. Relevant examples and data are included to support the information presented. The applicant organization demonstrates a strong and informed understanding of the topic, and the level of detail provided reinforces each response. The applicant organization effectively describes how the project will be implemented.

Very Good: The applicant organization provides significant descriptions and relevant and related detail in addressing the criteria, but the response is not entirely comprehensive. The applicant organization demonstrates a sound understanding of the topic and includes pertinent examples. It is possible to distinguish what makes the response better than “Good,” but not up to the standard of “Outstanding.”

Good: The applicant organization provides a basic response to the criteria. The applicant organization does not include significant detail or pertinent information. Key details and examples are limited. The applicant organization minimally translates the requirement of the application into practice.

Marginal: The applicant organization provides insufficient information, details, and/or descriptions that do not completely answer the criteria. The applicant may have answered part of the criteria but missed a key point and/or there are major gaps in the information presented.

Poor: The applicant organization does not address the criteria. The applicant organization states the question but does not elaborate on the response. The applicant merely repeats information included in the application. The applicant organization skips or otherwise ignores the criteria or includes irrelevant information that does not meet the criteria elements.

**Information adapted from the Centers for Disease Control and Prevention (CDC)
Application Field Review Process for NOFOs #CE20-2002 and CE20-2003*

Notification of Awards

Final awards will be posted on the DAODAS website homepage (www.daodas.sc.gov) on or before **March 1, 2021**. **All posted awards are considered final.** All non-funded applicants will receive a summary report with evaluative comments for the summited application no later than March 31, 2021.

Contract Period

Contracts for funded applicants will be issued by DAODAS on **March 5, 2020**. The funds will be reimbursed for expenses on a monthly basis contingent upon meeting the reporting requirements outlined in the next section. **Final budget reimbursement requests must be made no later than October 7, 2022. All services must be rendered and all goods purchased must be received by this date.**

Reporting Requirements

Sub-awardee will submit all grant activity information as directed by DAODAS through web-based reporting. Deliverables will be due on the **fifth working day** of the month for all services and activities implemented during the previous month. **Monthly finance and program implementation data must be reported. Accurate reporting of this data will be required for reimbursement requests to be processed by DAODAS.**

Financial Guidelines

Funds will be available on a reimbursement basis upon completion of monthly deliverables. Organizations are welcome to supplement this federal funding with other appropriate funds. DAODAS will conduct quarterly reviews of budget spending. If budget is not spent in a timely manner, funds could be reduced by up to 10%.

Defining “Supplement” and “Supplant”

“Supplement” means to “build upon” or “add to”; “supplant” means to “replace” or “take the place of.” Federal law prohibits recipients of federal funds from replacing state, local, or agency funds with federal funds. Existing funds for a project and its activities **may not** be displaced by federal funds and reallocated for other organizational expenses. This is illegal. On the other hand, federal agencies encourage **supplementing** (i.e., adding federal funds to what is available through state, local, or agency funds).

Unallowable Expenditures

SAMHSA grant funds may not be used to:

- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags, purchased solely for the purposes of marketing your organization or for general prevention messaging. All materials purchased must be linked directly to selected strategies.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
NOTE: A treatment or prevention provider may give up to \$30.00 in non-cash incentives to individuals to participate in required data-collection follow-up. This amount may be paid for participation in each required follow-up interview.
- Pay for meals, which are generally unallowable unless they are an integral part of an education strategy such as the Strengthening Families program. Grant funds may be used to pay for light snacks, not to exceed \$3.00 per person per day.
- Purchase supplies, which are items costing less than \$5,000.00 per unit, often having one-time use.
- Pay for the purchase or construction of any building or structure to house any part of the program.
- Provide inpatient treatment or hospital-based detoxification services.
- Purchase sterile needles or syringes for the hypodermic injection of any illegal drug.

Difference Between a Contract and a Consultant

- A **contract** is a legal instrument by which a grant recipient purchases good and services needed to carry out the project or program under a federal award. Contracts are with vendors (dealer, distributor, or other seller) that provide, for example, supplies, expendable materials, or data processing services in support of project activities. The grant recipient must have established, written procurement policies and procedures that are consistently applied to these contracts.
- **Consultants** are individuals retained to provide professional advice or services for a fee. Travel costs for consultants and contractors should be shown in this category, along with consultant/contractor fees.

Application Requirements

Applicants must address all components noted in the “Required Activities” section (*see below*) to be considered for an award.

Required Activities

Implementation Grants:

The purpose of these grants is to support implementation or expansion of services to address substance use disorders, specifically interventions and medication-assisted treatment for opioid and stimulant use disorders, in hospital emergency departments, acute care inpatient units, and affiliated ambulatory practices using best practices. These types of projects should have strong cross-sector engagement that results in partnerships with local behavioral health service providers and recovery networks. Applicants must clearly identify the anticipated benefits for the participants and communities served by the grant.

Required activities include, but are not limited to:

- *Development and implementation of a service-delivery model that enables the full spectrum of intervention, treatment, and recovery support services that facilitate positive outcomes and long-term recovery* – The model for evidence-based intervention and treatment must increase access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder (OUD) in a hospital setting and coordinate the transfer of patients to community-based providers once stabilization has occurred. Any community-based provider to which a patient might transfer must either directly provide or support use of MAT for OUD in addition to psychosocial services such as drug counseling; psychoeducation; toxicology screening; individual, group, and/or family therapy; vocational/educational resources; case management; and recovery support services, including community-based services. Primary care or other clinical practice settings where MAT is provided and linkages to psychosocial services and recovery services in support of patient needs related to the provision of comprehensive treatment of OUD may also qualify.
- *In addition to MAT, other services delivered or practices implemented that have a demonstrated evidence base that is appropriate for individuals with opioid dependency, opioid use disorder, and stimulant (including cocaine and methamphetamine) misuse and use disorders* – Services and practices that are for the intervention and treatment of substance dependency and use disorder should be recognized by researchers and practitioners as effective for addressing the needs of the focus population. Applicants are encouraged to consider appropriate services and strategies from:
 - [SAMHSA Evidence-Based Practices Resource Center](#)
 - [National Institute on Drug Abuse](#)
 - [American Hospital Association](#)
- *Due to the high risk of overdose with OUD, the accessibility of FDA-approved naloxone products must be made known to patients with opioid dependency or use disorder.*

Planning Grants:

The focus of the planning grants is to assist entities with planning for and developing service-delivery programs that will be implemented in the near future (or after the planning grant ends); hence, a planning grant must not include implementation activities such as the delivery of a

program or services. Applicants must address how a planning project will lead to the expansion or creation of hospital-based addiction services, including evidence-based service delivery.

Planning grant applicants should not assume that funding will be available for implementation of the plans and strategies developed. However, if funding becomes available, those entities that were awarded planning grants may be considered for funding.

The purpose of these grants is to support the planning for the development of hospital-based addiction services. Awardees will establish a “Planning Team” to develop a strategy to create or expand services that will address substance use disorders, specifically interventions and medication-assisted treatment for opioid and stimulant use disorders, in hospital emergency departments and acute care inpatient units. The Planning Team should include key medical staff, social work or behavioral health staff, and community-based behavioral health and recovery services partners. Applicants should describe and justify the composition of this team, including strategies to engage/recruit community-based partners and contributors. The Planning Team shall oversee the execution of planning and development processes and deliverables identified below.

Required activities include, but are not limited to:

- *Performing a self-assessment of readiness to implement system change to address substance use disorders in the healthcare system.*
 - Identify evidence-based approaches for addressing substance use disorders that are appropriate for the setting, and determine how the practices will be integrated into current workflow.
 - Develop a strategic plan, including a logic model for the development and sustainability approach for service delivery in the healthcare system. Propose a set of key short- and long-term outcomes to assess the effectiveness and success of implementing the strategic plan and action items.
- *Identifying how the planning team will address the key components of strategic plans, including organizational/structural development to build service capacity.*
- *Establishing how data-informed quality improvement, and cultural competence strategies will be incorporated into service delivery programs to reduce disparities in access, service use, and outcomes.*
 - Determine how a coordinated network of community-based services and supports will build on the strengths and resilience of individuals served to sustain their long-term recovery.
- *Identifying how behavioral health and recovery organizations, as well as other community-based organizations, will play a role in the development and implementation of the strategic plan – Describe the interagency coordination mechanisms that will be used to integrate a recovery approach, including optimizing and coordinating resources.*
- *Estimating performance measures, and potential financing strategies for long-term sustainability.*

Allowable Activities

Implementation Grants:

- *Workforce development and training for any staff that engage with patients* – Training and development activities may focus on the science of substance use disorders and recovery, evidence-based treatment, compassionate care, interdisciplinary care, case management, evidence-based harm-reduction strategies, patient-centered care, destigmatizing (recovery) language, and implicit bias.
- *Integration of the American Society of Addiction Medicine Criteria for placement, transfer, or discharge of patients into workflow*
- *Expending of funds for key personnel to obtain Certification in Addiction Medicine through the American Board of Preventive Medicine*
- *Developing integrated behavioral health and/or recovery services within the acute care setting*
- *Developing collaborative partnerships with local behavioral health services organizations and/or recovery community organizations* – Preference is for partnerships with other organizations that DAODAS funds to serve indigent patients.
- *Integrating peer support systems (e.g., peer recovery specialists, 24/7 access to peer support services)*
- *Internal service management evaluation and quality management for the implemented required activities.*

Planning Grants:

- *Workforce development and training for any staff who engage with patients* – Training and development activities may focus on the science of substance use disorders and recovery, evidence-based treatment, compassionate care, interdisciplinary care, case management, evidence-based harm-reduction strategies, patient-centered care, destigmatizing (recovery) language, and implicit bias.
- *Training in the American Society of Addiction Medicine Criteria for placement, transfer, or discharge of patients into workflow*
- *Expending funds for key personnel to obtain Certification in Addiction Medicine through the American Board of Preventive Medicine.*

Funding Limitations/Restrictions

- No more than 5% of the total grant award may be used for administrative and infrastructure development costs, such as:
 - Adopting and/or enhancing your computer system, management information system, electronic health records, etc., to document and manage client needs, care process, integration with related support services, and outcomes; and
 - Policy development to support needed service system improvements.
- Funds may not be expended through the grant or a sub-award by any organization that would deny any eligible client, patient, or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g.,

methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or long acting products such as extended release injectable or implantable buprenorphine). Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the patient and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder. Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider. In all cases, medication-assisted treatment must be permitted to continue for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Recipients must assure that patients will not be compelled to cease use of MAT as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.

- Only FDA-approved products that address opioid use disorder and/or opioid overdose can be purchased with SOR grant funds.
- No funding may be used to procure DATA waiver training by recipients or subrecipients of these funds. DATA waiver training may be obtained at no cost through the [Providers Clinical Support System](#) or through the [SC MAT ACCESS Program](#).

Submission Information

What to Submit

Applicants must submit the following documents – attached as a single PDF file – via e-mail to daodasapplication@daodas.sc.gov:

- Application Cover Letter
- Applicant Information Cover Sheet
- Technical Proposal
- Qualifications and Experience
- Budget

Text must be legible. Pages must be typed in black, single-spaced, and using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each.

Applicants may use Times New Roman 10 for charts and tables *only*.

Applicants must address all components noted in the “Required Activities” section to be considered for award.

Application Package for Submission

Applicant Information Cover Sheet

- **Organization Name**
- **Organization Mailing Address**
- **Application Contact**
- **Application Contact E-mail Address**
- **Application Contact Phone Number**

Technical Proposal (maximum of 20 pages)

Include the following information:

Technical Proposal Sections	Required Content
1. Statement of Need (up to 4 pages)	<ul style="list-style-type: none"> • Information that documents the impact of opioids and stimulants within the proposed service area. Include qualitative and quantitative data. Identify the source of all data. (Data can be placed in tables/charts, with explanations to follow.) • Clear identification of the population that strategies will impact. • Any specific challenges motivating the applicant's interest in applying for this grant. • Service gaps that will be addressed with the funding. • Existing efforts (either provided by your organization or others in the health system and/or community) and explanation of how this new effort will not be duplicative. • Explanation of the inability to fund the proposed program without federal assistance, and a description of any existing funding or resources that are being leveraged to support the proposed program.
2. A) Proposed <i>Implementation Approach</i> (up to 8 pages)	<ul style="list-style-type: none"> • Describe how you will implement the Required Activities as stated on Page 5. • Describe how you will implement the Allowable Activities as stated on Page 7. • Describe your plan to ensure these activities are sustained after grant funding ends. • Provide month-by-month timeline for strategy implementation, to include the following: <ul style="list-style-type: none"> ○ Key activities that will be implemented per strategy by month ○ Responsible party per key activity <i>(Please present the month-by-month timeline as a Gantt chart, a table, or in another format that can be viewed at a glance.)</i> • Describe any potential barriers to implementation and how you plan to overcome the barriers.

Technical Proposal Sections	Required Content
B) Proposed <i>Planning</i> Approach (up to 8 pages)	<ul style="list-style-type: none"> • Describe how you will implement the Required Activities as stated on Pages 5-6. • Describe how you will implement the Allowable Activities as stated on Page 7. • Describe in your plan how to ensure these activities would be sustained after grant funding ends. • Include a month-by-month timeline for strategy implementation, to include the following: <ul style="list-style-type: none"> ○ Key activities that will be implemented per strategy by month ○ Responsible party per key activity <i>(Please present the month-by-month timeline as a Gantt chart, a table, or in another format that can be viewed at a glance.)</i> • Describe any potential barriers to implementation and how you plan to overcome the barriers.
3. Proposed Evidence-Based Service/Practice (<i>Implementation Applicants Only</i>) (up to 4 pages)	<ul style="list-style-type: none"> • Describe the Evidence-Based Practice(s) (EBPs) that will be used. Discuss how each EBP chosen is appropriate for your population(s) of focus and the outcomes you want to achieve. Describe any modifications that will be made to the EBP(s) and the reason the modifications are necessary. If you are not proposing any modifications, indicate this in your response. Describe your plan for implementation of EBPs, including training (if applicable).

Qualifications and Experience (maximum of 4 pages)

Include the following information:

Qualifications and Experience Sections	Required Content
Staff and Organizational Experience (up to 4 pages)	<ul style="list-style-type: none">• Description of the organization's structure and staffing plan for strategy implementation.• Key person or people responsible for implementation of the strategies.• Description of the experience your organization has with similar projects and providing services to the population(s) of focus for this application.• Any other organization(s) that will partner in the proposed project and the role the partners will play to ensure successful strategy implementation.• Discussion of any previous collaboration that will help to achieve the objectives.• Explanation of existing partnership agreements, to include formal or informal agreements.• Training plan or information that demonstrates that all relevant project staff and partners currently have or will acquire the required training for successful implementation of the selected strategies (<i>if applicable</i>).

Budget/Budget Narrative (maximum of 4 pages)

Submit a budget that is complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for project activities). The budget narrative should generally demonstrate how the applicant will maximize cost effectiveness of grant expenditures. The budget narrative should demonstrate cost effectiveness in relation to potential alternatives and the objectives of the project.

You must provide a narrative justification for the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. “Other support” is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means

Include the following information:

- Organization name
- Total amount of award
- Overall requested amount by category for travel, supplies/materials, contractual services, “other,” and administrative costs.
NOTE: Administrative costs cannot exceed more than 5% of the total award.
- Narrative/justification for each item, to include a breakdown of costs to demonstrate the calculations for each item